State of California Department of Consumer Affairs

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Meeting Minutes
Marriage and Family Therapist Education/Curriculum Committee
July 21, 2006

Hilton Burbank Airport Hotel and Convention Center
2500 Hollywood Way
Burbank, CA 91502

I. Introductions

The meeting was called to order at 9:35 a.m. Dr. Russ introduced committee members and staff present. Audience members introduced themselves.

Committee Members Present:	Staff Present:
Dr. Ian Russ, Chair	Paul Riches, Executive Officer
Donna DiGiorgio	Mona Maggio, Assistant Executive Officer
Karen Pines	Christy Berger, Legislation Analyst

II. Purpose of Committee

Dr. Russ explained that the MFT Education Committee (Committee) is tasked with reviewing the curriculum of California's marriage and family therapy education and determining its appropriateness for today's Marriage and Family Therapist (MFT) practice. The Committee hopes to come to a series of recommendations if needed, for what that curriculum should look like. That could range from doing nothing or making a lot of revisions, or anything in-between. The Board's goal is to ensure persons who are licensed are competent to practice without supervision, so the Committee will examine what MFTs are doing in California to determine whether the profession has evolved and whether the education has kept up with that evolution.

Dr. Russ acknowledged that part of the inspiration for this review is the enactment of Proposition 63, the Mental Health Services Act (MHSA). The MHSA is providing a greater opportunity for MFTs to work in public mental heath agencies. The purpose of today's meeting is to get a sense of whether the Committee is heading in the right direction. For example, are we covering all of the bases, getting the right information, and talking to the right people. Dr. Russ expressed his hope that this will be a community project, that it will generate discussion at schools, consortium meetings and worksites that will be shared with the Committee.

III. Draft Environmental Scan

Dr. Russ explained that the Environmental Scan is a list of informational resources and key stakeholders in this process. He asked that the California Association of Marriage and Family Therapists (CAMFT) and the American Association of Marriage and Family Therapists (AAMFT) be added as information resources to the Environmental Scan; they can also be considered stakeholders but their role is more as an informational source.

Dr. Russ opened the floor and asked for input as to whether the environmental scan was complete. He asked the audience to contact him if additional ideas came up after the meeting.

An audience member asked whether we had considered taking input from mental health consumers.

Dr. Russ asked how this would occur. The member stated that we should identify key groups, categorize them, and seek out adequate sample sizes.

IV. Presentation on DACUM by Mr. Jose Luis Flores

Mr. Flores of Phillips Graduate Institute described several major sources of information about MFT practice and the competencies required for practice. Mr. Flores was involved in the development of one source entitled “Developing a Curriculum” (DACUM). Another source is the MFT occupational analysis, which is the basis for the MFT licensing examinations. Another source of information is CAMFT’s demographic survey of its members.

Mr. Flores explained that DACUM is a process used to gain a sense of what individuals are doing within a profession. This process was used by the California Mental Health Planning Council (CMHPC) to both identify what MFTs are doing in the field and what MFTs are doing in public mental health (county and state systems). The CMHPC has identified a need for more mental health professionals including MFTs. If we need to develop a workforce in mental health and recruit MFTs, they need to be prepared to work in public service. The DACUM helps us to understand how to prepare MFTs for a career in public mental health.

Mr. Flores explained that the MFT DACUM panel was made up of individuals throughout the state from various public settings with different types of jobs within those settings. The group was led by a DACUM facilitator for two days, and was asked to identify tasks performed in MFT practice, how they completed those tasks, and the knowledge and skills needed to complete those tasks. This included tasks performed by MFTs in public mental health at different levels. The group brainstormed about the future of MFT practice and mental health services.

Mary Riemersma, Executive Director of CAMFT, stated that the one thing not identified in the DACUM is what is not being taught adequately to MFTs. She feels that this is probably the next step. We also need to identify where can or where should this information be infused into programs, or whether it should be taught outside of school as part of on-the-job training.

Dr. Russ stated that a lot of MFT training takes place during the internship, where a person learns skills in specific areas. Dr. Russ had spoken with Ms. Riemersma about a certificate type of program. It is ironic that 48 units are required of MFT programs but to go into public service for what feels like a lot less money, a person would potentially need additional units.

Ms. Riemersma responded that there is a cadre of pre-licensed individuals who do not want to go into private practice. A good place to develop skills is to work in public mental health, and then one can later transition into private practice. In CAMFT surveys, she is seeing that where this was once truly a private practice profession, it is not anymore. Consequently we should be preparing students for both types of practice. One of the problems is that the schools are feeling very stretched trying to get everything that they want to teach in 48 units, and some schools require more units which require more money. Another factor is educators who are not trained to prepare students for public mental health. Ms. Riemersma applauds the board for looking at this issue because it is necessary now to chart the course.

Mr. Flores explained that many of the DACUM panel members learned these duties during on-the job training. Much of what came out of the DACUM is clinical practice and is already taught in the programs. The schools are being encouraged by the consortium to look at the DACUM and determine areas that are not being taught.

Olivia Loewy, Executive Director of the AAMFT California Division, commented that theoretically, a license holder is competent to work without supervision to treat anyone who walks in the door. But do we want to say that people must go beyond that to obtain a special certificate in order to work in a public setting in which there are layers of supervision and where the pay is less? Are we creating a disincentive for people to work in the public sector and undermining our ability to increase that

workforce? One of the things the DACUM made very clear is that there are MFTs doing exactly the same work as social workers, and are being taught on the job just like social workers. Why are MFTs subjected to a DACUM process and not Licensed Clinical Social Workers (LCSW)? Isn't it the responsibility of the board to ensure that MFTs who are licensed are prepared to work within the broad scope of the mental health services they provide?

Mr. Riches explained that the Deans of Social Work went through a similar process to identify competencies about what is needed to go into public mental health, so there is a parallel process for social workers.

Ms. Riemersma stated that we need to look at DACUM differently. It is a very positive thing that gives us a good background for how to prepare MFTs for the future. Social workers have traditionally worked in public settings. MFT were historically trained for private practice, and have some obstacles to overcome. A lot of the training will happen on the job, but we need to provide a foundation and some grounding about the differences between private practice and the public sector. We need educators that can convey that information to the students.

A member of the audience commented that community mental health is populated with persons of color, so MFTs are going to serve those communities and students need to be trained as such. Students come in knowing this, and there is a shift in that many new MFT students are people of color. It is critical to understand the types of students coming in when we shape the curriculum, and many are already serving the community but want to go back with a professional degree.

Dr. Russ asked how much of the training could be handled in the free market economy of schools. For example, if someone wants to focus in public mental health they could attend a school that offers a specialized degree.

Mr. Riches stated that we must always be mindful of the market, which is one of the most powerful forces out there, but one of the things that government does is set the parameters of the market. A core piece of the evaluation is how do government rules shape or unbalance that market. There is a lot of data gathering we need to do, and we need to ask whether there are statutory forces that skew the market.

Ms. Pines stated that she believes the MFT DACUM must be a part of the upcoming MFT occupational analysis. It needs to be reflected in the examinations. What we do beyond that, what schools want to provide to students to make them market-ready is beyond that.

Mr. Riches shared that staff met with the Office of Examination Resources (OER) yesterday for an initial discussion about the upcoming MFT occupational analysis, which performed every five years. The MFT DACUM will be provided to OER to ensure they reflect this as well as information from the curriculum committee meetings in the analysis.

Mr. Koutsolioutsos of Pacific Oaks College stated that the MFT profession is now doing everything in mental health including directing programs. He explained that the 48 units includes all courses the board has mandated, but other courses the board has mandated have not been integrated into the curriculum because it would go beyond 48 units. We need to determine whether 48 units are adequate. From an educational point of view, we have to teach a little bit of everything, and we are giving very few units to many critical pieces of learning. For example within one class, 20 theories have to be taught. How will a student become an expert in one theory when they aren't given the opportunity to study any one in depth?

Mr. Koutsolioutsos stated that there are three key areas in the DACUM that are not covered in the current MFT curriculum: case management, administration, and education. Considering that we are already giving three units to psychopathology, for example, why not just give two to three units for each

one of these categories? You can do a three-class certification program and incorporate these new areas very nicely.

Mr. Flores stated that the Committee needs to be careful when looking at the DACUM, which reflects licensed practice. Schools cannot teach all of the tasks in the DACUM, and much will be covered post-graduation during supervised experience. Schools can teach some of this, but clinical training needs to be focused on some of these areas.

Ms. Pines stated that the Committee should keep in mind that there will be an elective element to this. We shouldn't put everything in the curriculum because not everybody intends to go into public practice.

Ms. Loewy asked that we look at the DACUM for the tasks that define minimum competency for licensure. She believes that the DACUM is a great springboard to use in the development of the occupational analysis, but not every new licensee or new graduate needs to be able to perform every task in the DACUM, there is so much learned on the job.

Ms. Wang of Alliant International University stated that she believes MFTs have to ask what is their social responsibility as a profession, as the majority of consumers come through public settings. Nationwide, more MFTs are in public practice, and less in private practice. So are we going to keep our curriculum for private practice only and if we do, what kind of message does that send? There are some agencies that refuse to hire MFTs if they have a choice because they feel MFTs are not trained. This limits consumer access to MFT services.

Mr. Riches stated that we need the clinical educators to help the Committee determine the foundational educational pieces that make a person ready for the skills to be gained in supervised practice. He believes we are in agreement that some tasks must be taught in school and some in training, but educators are in the best position to help us determine where those boundaries are and to make sense of all of the information.

Ms. Pines stated that as more MFTs become employed in public agencies, there will need to be a change in education to have some balance between private and public practice, but in the meantime we have to start small. There is some irony in that we are perhaps suggesting a certificate that takes time when some of the smaller agencies are recruiting bachelor's level graduates and they train them completely.

An audience member who teaches in a public university stated that change in an educational program can take two years to implement. Some things can be and may be better taught when incorporated within existing courses, but larger changes may require a certificate program. There also may be a problem with finding instructors who have the expertise.

Mr. Koutsolioutsos explained that he was a part of a committee of the MFT educator's consortium that looked at competencies. They determined that an MFT who doesn't have case management skills or the ability to provide education is providing less than adequate care.

Ms. Riemersma said she likes the concept of training that would provide case management and skills to work in the public sector, but for it to be meaningful it should be integrated and infused across each program similar to cultural skills. MFTs employed in public sector can have difficulty on the job because they don't have case management or recordkeeping skills. It is also a mindset that one is taught early on. For example, confidentiality requirements are completely different in an agency setting than in private practice. MFTs often don't understand that it is the agency as opposed to the individual providing the treatment. Many MFTs begin in a public agency then go to private practice, and a number will return to public practice.

An audience member from Antioch University stated that everyone's comments are interesting because Antioch is finding ways that begin to cover many of these issues, such as commonly used forms for the

Department of Mental Health. One of the criteria for their student placements is that the agency provide in-service training in areas such as case management. Antioch's mission is a social justice mission, so students are told about both private and public practice.

Ms. Wang stated that students have a big deficit, as they don't know the system of care, levels of care or where they fit in. She believes a specific class is needed to teach the system of care, the continuum of care, at what level care is needed, how the system of care is funded, and how it relates to other levels of care. We already give students a repertoire of skills, but they don't know where to plug this into the system.

Carla Cross from Loyola Marymount explained that Loyola has a similar approach to Antioch. Their mission is about service, and the program is structured around this. She believes we need to clarify the function of the school and the function of the practicum. The school's job is to teach concepts, fundamentals, good practice, theory, the conceptual ideas. Case management is something you learn in your placement, in supervision. A specific course is not needed for this narrow area. We are missing the value of the curriculum versus the practicum experience. We may need to have higher expectations of the practicum sites.

Mr. Flores explained that the panel members who contributed to the DACUM do not perform all of the duties listed in the report, not everyone who works in public practice does all of the tasks listed in the DACUM. He feels that it is important to keep that perspective.

Dr. Russ encouraged dialogue after today's meeting. Anyone can contact him with more information, comments, questions, and suggestions. The board wants agencies to be included in this discussion and will find a means to get them involved.

V. Review of MFT Occupational Analysis

Dr. Russ and Mr. Riches gave an overview of the MFT occupational analysis. The MFT examination outline is derived from the occupational analysis and MFTs are recruited to help formulate the examination questions. The examination outline, including content proportions, is available on the Board's website. Mr. Riches explained that the board will soon begin a new MFT occupational analysis. This process includes the OER interviewing a broad range of MFTs in different practice settings and with different types of experience. The information derived from the interviews goes to another group of MFTs who help to formulate the survey. When the survey is mailed, we will work to obtain a good sampling of different levels of practice and time licensed to provide the board with as accurate of picture as possible of current MFT practice.

Mr. Riches recently discussed with the OER about how to integrate MHSA principles and the move toward more public oriented practice into the occupational analysis. This is a key moment for us to get this information into the examination. However, the examination has to be job-related, not job-aspirational, so there are some boundaries.

Dr. Russ gave an overview about how the occupational analysis is used in the examination development process and that the current occupational analysis is available for our consideration. It represents what MFTs need to know for today's practice.

Mr. Koutsolioutsos suggested the Board wait one more year to conduct the occupational analysis to reflect the changes taking effect with the MHSA, including the funds available from MHSA in terms of training, and accounting for the number of individuals that will be working in public mental health. This would help us determine how much the curriculum needs to change.

Mr. Riches explained that this committee's work will take a long time, and we will need the results of the new MFT occupational analysis before determining the recommendations, as it is the bedrock of the curriculum review in a lot of ways.

Ms. Stephanie Thall stated that some schools may not have a public mental health track. At the schools where she teaches she would be surprised if students or even some instructors know what the MHSA is. She believes it has to start with instructors knowing about the MHSA, and that it is important to bring in consumers into the classroom to share their experiences.

Ms. Cross stated that whatever the outcome of this committee's work, what is most important to her as an educator is participating in the dialogue, sharing approaches, experiences, and philosophies. It is not just the content but who we are and what we teach.

An audience member stated that many students look at public practice as a "tour of duty" and that they will "retire" to private practice. It still seems to be a struggle to get across that public service could be a career choice.

Mr. Riches stated that having one career is an antiquated notion. Statistically, most people in the younger generations will have three to four different careers because our work span is now 40 to 50 years. It is an obligation to inform students that they will likely have several different careers and to be prepared for those different careers.

Ms. Wang stated that the profession is facing major changes. A hidden fear is how these changes will impact the license. An audience member stated her belief that it is not just a fear, it is more a lack of clarity. One example is the differences in the scope of practice for MFTs versus LCSWs. As MFTs move toward doing more things like case management, what does that mean for the MFT scope of practice?

Dr. Russ explained that the history of the development of the different mental health licenses is very different but once a person obtains the license no matter the education and experience, each license wants the ability to work in all types of mental health settings.

Ms. Riemersma stated that in terms of the MFT and LCSW scopes of practice, they are very broad and only limited by one's own scope of competence. While MFTs come from a different perspective than LCSWs, their scope of practice gives them a broad ability to provide services.

Mr. Riches stated that the MFT profession has a bit of a struggle with professional identity. There is a recognition that the practice setting is changing, but what does this mean for the profession? Even different programs have a different conception of what that identity is. As a government agency we may have some influence on that discussion but ultimately that is a possession of the profession.

Ms. Loewy believes it would give students a sense of what they can contribute by having the schools impart what is unique to MFTs, and what MFTs have to contribute within the larger scope of the services being provided.

Ms. DiGiorgio asked whether there was information for consumers about the distinctions between the mental health professionals. As a consumer, she wouldn't know which professional would be best for a given problem.

Ms. Riemersma explained that any mental health professional is theoretically qualified to help for any problem, but their approaches are different.

An audience member asked why this scrutiny is being applied to MFTs if they can do everything and why not to LCSWs? If there is so much overlap in professions why are we here? MFTs are being asked how they are competent to work in public arena, but are LCSWs being asked if they are competent to work in private practice?

Dr. Russ responded that there are two reasons for the review. The MHSA is a driving factor in that various departments are saying if MFTs want to work here they have to have that bridge. Additionally, the MFT curriculum is determined by the state, but the LCSW curriculum is not.

Mr. Riches explained that a license is general and you don't want to confuse a person's capabilities in a setting with the scope of practice. The BBS has a public protection mandate and we have to make sure the licensing standards we have in place protect the public. Mr. Riches emphasized that he is not saying that MFTs are not qualified. The question is whether the state laws reflect the future MFT practice reality.

Mr. Koutsolioutsos stated that the general premise of this work seems to be to identify the scope of practice and decide what competencies are required for this wide scope of practice. The committee should look at what is good practice, which is very different from scope of practice. MFTs needs to bring in some social work components in order to meet the needs of consumers.

VI. Future meeting dates

Dr. Russ asked for advice on how to get the rest of the stakeholders identified in the meeting package to contribute to this process. Mr. Flores stated that the MFT consortia may be able to help in bringing in supervisors, and there are regional associations of mental health agencies that we could tap.

Dr. Russ asked if people have ideas to let him know, and encouraged the professional associations to invite comment through their publications.

Mr. Riches announced the next meeting date and tentative months beings considered for future dates. The first date is Friday, October 27, 2006 in Northern California, probably in the Bay area. There will also be a date in December 2006 and a date in March 2007. We will discuss substantively different content at each meeting as identified on the Environmental Scan and will target certain meetings to different stakeholders.

Dr. Russ stated that other information sources will be asked to give presentations at future meetings so that we can come up with a good decision.

Ms. Wang asked whether future meetings can include teleconferencing. Mr. Riches stated that we will check into it but it presents particular challenges due to the public meetings act. We will do our best to keep everybody in the loop. Mr. Koutsolioutsos suggested that the board survey students in clinical training classes. Another audience member suggested also surveying faculty.

Mr. Flores asked about the time frame to give the Committee's findings and recommendation to the Board. Mr. Riches stated that this process will be a minimum of four to five committee meetings just to look at the data outlined in the Environmental Scan. The recommendations should be ready by late 2007.

Ms. Wang suggested the board send a questionnaire to agencies that receive MHSA funding, asking about their needs. Mr. Riches responded that the MHSA currently has a needs assessment process being conducted, and we will take a look at that as well as other data sources.

VII. Suggestions for Future Agenda Items

None were received.

The meeting was adjourned at 12:00 p.m.